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APPLICATION FOR **NEW BUSINESS** LICENSE 2023

BUSINESS NAME AND MAILING ADDRESS:		For Office Use Only:
		Police
		Zone Off.
NAME OF APPLICANT AND TITLE:		Fire Mar
PHYSICAL ADDRESS IF DIFFERENT FROM ABOVE:		City Mgr
		Rec #
DUCINESS DUONE.	IOME DIJONE.	Date PD
	IOME PHONE:	Lic #
EMAIL ADDRESS:		Date Issued
DESCRIPTION - EXACT NATURE OF BUSINESS:		
OPERATING HOURS: NO. OF EM	PLOYEES:	
ANTICIPATED IMPACT ON TRAFFIC FLOW:		
TYPE OF SIGNS OR LIGHTS TO BE USED AT BUSINESS LOCATION:		
CONTRACTOR'S or STATE LICENSE:		
LIABILITY INSURANCE COMPANY:		
BUSINESS REFERENCES AND PHONE NUMBER		
1. 2.	PHONE: PHONE:	
EMERGENCY CALL OUT INFORMATION: 1. 2.		
ADDITIONAL INFORMATION: (ie-where is equipment stored)		
ATTACHED HERETO IS MY NON-REFUNDABLE PAYMENT IN THE AMOUNT OF \$50.00 FOR A BUSINESS LICENSE FEE. THIS APPLICATION FOR MY BUSINESS LICENSE IS MADE SUBJECT TO ALL THE TERMS AND CONDITIONS OF TITLE 2, BELGRADE CITY CODE AND AMENDMENTS OF THE CITY OF BELGRADE. THIS LICENSE IS NOT TRANSFERABLE. ALL LICENSES EXPIRE ON DECEMBER 31 OF EACH YEAR. ALL LICENSES SHALL BE PAYABLE YEARLY ON OR BEFORE JANUARY 1 ST OF EACH CALENDAR YEAR. PLEASE RETURN ENTIRE APPLICATION SIGNED AND DATED.		
SIGNATURE OF APPLICANT		DATE